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NEWS NOTES

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GENERAL KIRK PRAISES DDT IN RADIO ADDRESS

DDT was a large factor in our winning the Pacific War, Major General Norman T. Kirk, The Surgeon General, stated in an address over the ABC Network on April 28.

"In the early stages of the Pacific war, malaria was taking out of action ten times as many soldiers as were Japanese bullets," General Kirk declared. "The success of our arms in the Pacific was in jeopardy until we got malaria under control. DDT helped us win that battle."

General Kirk was appearing on a program originating in New York City in which the dramatic story of preventive medicine was being told. In describing the part played by the Medical Department, he stated that fear of tetanus, yellow fever and typhus had become a thing of the past.

"There have been no deaths from those diseases among American soldiers who were inoculated against them," General Kirk said.

He pointed out the grave responsibilities of caring for some 129,000 sick and wounded now in Army hospitals and also preserving the health of the Army. He further stated that the Army is cooperating with the Navy, Public Health Service, National Research Council and leading civilian institutions in numerous medical research projects aimed toward the alleviation of human suffering from disease.

"To maintain those high standards, the Army Medical Department must have trained enlisted technicians," General Kirk declared. "In the past six months more than 702,000 volunteers have been enlisted in the new peacetime Regular Army. Through voluntary enlistment the Army Medical Department is obtaining some of America's finest young men."

MORE

GENERAL KIRK PRAISES DDT IN RADIO ADDRESS (Continued)

Only six days before, General Kirk had addressed members in the New York Infirmary fund-raising drive in Hotel Roosevelt, New York City. He praised the work of women doctors and paid special tribute to nurses, dietitians, physical therapists and WACs who served in the Medical Department during the war.

Among other speakers on the program were Mrs. Eleanor Roosevelt and Bernard Baruch.

ARMY LOWERS DISCHARGE REQUIREMENTS FOR MEDICAL CORPS OFFICERS

Discharge requirements for Medical Corps general duty officers were reduced on May 1 from 39 to 30 months service and from 45 to 39 months for certain specialist officers.

Requirement on points remains at 60 and the age limit at 45 years.

This move will result in the discharge of approximately 2,000 doctors and will leave about 3,000 Medical Corps officers not included in the ranks of the Regular Army, volunteers and Army Specialized Training Program graduates.

Officers returning from overseas will be discharged automatically if they would become eligible for discharge within the following six months instead of four months as previously stipulated. Also, Army doctors overseas regardless of their military occupational specialty classification, will be separated or enroute to the United States within 60 days of date of eligibility.

That the Army is demobilizing its Medical Corps officers as quickly as possible without jeopardizing the treatment of patients is shown in the announcement that since VE Day about 32,000 have been discharged.

The specialists who require the longer term of service for discharge are gastroenterologists, cardiologists, urologists, dermatologists, anaesthetists, general surgeons, physical therapists, radiologists, pathologists, orthopedic surgeons, internal medicine specialists and eye, ear and nose specialists.

MAJ. GEN. PAUL, ASS'T CHIEF OF STAFF, G-1, EXPLAINS DENTAL ASTP PROGRAM

Following inquiries from the press as to why the months of service for discharge of dentists were not lowered, Maj. Gen. Willard S. Paul, Assistant Chief of Staff, G-1, released a statement to the press.

Brig. Gen. Thomas L. Smith, Director, Dental Consultants Division,

MAJ. GEN. PAUL, ASST'T CHIEF OF STAFF, G-1, EXPLAINS DENTAL ASTP PROGRAM (Don't)

explained there was a lack of replacements for trained dentists. He added that with the Army striving to provide two dentists for every thousand men, it was necessary to keep dentists in until their total length of service totaled 39 months, or their adjusted service rating score was 60 or they reached the age of 45 years to their nearest birthday.

General Paul's statement follows: "In the spring of 1944 prior to D-Day in Europe, it was found that actual attrition of Dental Corps officers was lower than the estimated attrition rate on which the training and procurement of Dental Corps officers had been based. With the graduation of the 1944 senior Dental Corps ASTP class, the Dental Corps ceiling of 15,200 was met, and 113 members of the graduating class were discharged to civilian practice as being in excess of ceiling requirements. As noted above, this was in the spring of 1944, at which time the ceiling of 15,200 was designed to take care of immediate and prospective Army Dental Corps needs. It did not anticipate the effect of point score demobilization.

Seven thousand seven hundred and thirty-four (7734) individuals participated in the Dental Corps ASTP program. Of this number 2458 completed the course. One thousand nine hundred and fourteen (1914) of those completing the course were commissioned in the Army, 269 were given Navy commissions, 36 were assigned to duty with the Veterans Administration, 126 were discharged by reason of physical or other disqualifications, and 113 were discharged as being in excess of ceiling requirements, as pointed out previously.

Those ASTP participants who did not graduate in the 1944 senior class had two courses open to them.

1. If they agreed to complete their dental training on their own resources, they were given an unqualified discharge from the Army and placed in a 2A draft classification for that purpose. Four thousand six hundred and fifty-one (4651) chose this course.

2. If they could not complete dental training at their own expense, they were retained in the Army as enlisted men and given technician assignments in the Dental Corps.

In addition to being given an unqualified discharge from the Army, ASTP students who completed their training at their own expense were credited with active military service for the time spent training under ASTP. With the beginning of the demobilization program, these individuals were given a 1C (discharge) classification in place of the original 2A classification.

Two courses are open to the Army at present to secure additional Dental Corps officers for the Army.

1. Volunteer means which has yielded an infinitesimal number (less than 1% of requirements).

2. Selective Service."

GENERAL SIMMONS AWARDED SCIENCE DEGREE

When Brigadier General James S. Simmons, Chief, Preventive Medicine Service, Office of The Surgeon General, received the honorary degree of Doctor of Science from the University of North Carolina, Chapel Hill, N. C., it was the fifth such scholastic honor accorded him.

General Simmons also holds Doctor of Science degrees from Davidson College, Davidson, N. C., where he obtained his Bachelor of Science degree; University of Pennsylvania, Philadelphia, Pa., where he completed his last two years of medical school after studying two years at the University of North Carolina; Duke University, Durham, N. C., and Marquette University, Minneapolis, Minn.

Dean-elect of the Harvard School of Public Health, General Simmons will assume duties there when he retires from the Regular Army on July 1.

THREE YEARS OF JAPANESE IMPRISONMENT HAS LITTLE EFFECT ON MINDS OF AMERICAN SOLDIERS

Three years in Japanese prison camps, most of the time on starvation rations and subjected to frequent beatings, had suprisingly little effect on the minds of more than 4,000 American soldiers who survived the ordeal.

Wherever these men landed in the United States after liberation they were met by teams of medical specialists assigned from the Office of the Surgeon General. A report on the neuropsychiatric findings has just been made by Lieutenant Colonel Norman Q. Brill, who was in charge of this phase of the examinations.

Considerable importance was attached to early medical contact with the released soldiers because, says Dr. Brill, "never before in this country's history had such a large group been exposed to starvation, torture and humiliation." The psychiatrists were interested in the factors that were responsible for the survival of these men when so many of their comrades, in about the same physical condition when captured, had succumbed. The nearest they came to finding a common factor, however, was what is described in the report as a "tremendous will to live." Otherwise the soldiers differed in about every possible way.

"All of them", says Colonel Brill's report, "lived only for the day. Indeed when one of them would fail to concentrate on or begin to hoard food, or gave way to morbid thoughts concerning the seemingly hopeless situation, he was earmarked by his companions as quite likely to die shortly. A prisoner who would hoard his rice allowance for several meals in order to enjoy the sensation of one large meal was referred to as 'rice happy'. This was generally an indication of the beginning of deterioration and early demise.

THREE YEARS OF JAPANESE IMPRISONMENT HAS LITTLE
EFFECT ON MINDS OF AMERICAN SOLDIERS (CONTINUED)

"When those of lesser spiritual strength became ill they were likely to give up, quit eating entirely, and frequently would die within a few days. One fails to find a scientific reason or an adequate term to explain survival. It seemed to some of the examiners that 'courage' was the best word. It seemed that the only common factor among the survivors was that they had courage. They never stopped in their struggle for survival. They ate anything available, including cats, dogs, silk worms and other things repulsive to normal human beings. When struck with dysentery and malaria they would nevertheless attempt to carry on. This strength and courage had no connection with social background or education."

The men themselves, Colonel Brill said, expressed no concern about their ability to readjust to life in the United States. Regardless of the future, they felt, they would meet any situation likely to arise after living through the prison camp years.

EFFECTIVE VACCINE AGAINST DENGUE FEVER DEVELOPED BY SURGEON GENERAL'S OFFICE

An effective vaccine has been obtained against dengue fever, it was announced recently by the Commission on Neurotropic Virus Diseases of the Army Epidemiological Board.

This malady, which occurs in epidemics and sometimes pandemics through the warmer portions of the temperate zone, is due to a filterable virus. It is characterized by an intermittent fever, rash on the skin, and often excruciating pains in the joints. The name has been identified with the Spanish "dengue", meaning "stiffness or primness", and is supposedly descriptive of the curious cramped movements of a sufferer.

The virus first was isolated in Hawaii by army doctors and brought to the United States where it has undergone 32 consecutive passages through the brains of mice. In the course of these passages it underwent a curious mutation, whereby it has lost its capacity to produce in men the severe illness and protracted fever characteristic of the original disease. It has retained, however, its ability to produce the measles-like rash and it gives subsequent immunity to the unmodified dengue virus. The immunizing dose is very small. The extract from the brain of a single mouse has been found to contain at least 10,000 such doses. The new vaccine is prepared from this modified virus.

There remains the possibility that there may be several strains of the dengue virus-- as is known to be the case for several other viruses, such as that which causes influenza. However, two additional virus samples brought from India have been found immunologically identical with the original

EFFECTIVE VACCINE AGAINST DENGUE FEVER DEVELOPED BY SURGEON GENERAL'S OFFICE (Continued)

Hawaiian strain. Repeated attempts have been made to isolate still another strain by inoculating volunteer human subjects with sera obtained in the Philippines and Okinawa during apparent dengue outbreaks. These have been unsuccessful.

It also has been found possible to propagate in chick embryos the dengue virus after about 18 passages through mouse brains.

Two strains of alleged dengue virus obtained from Japan have been found quite different from the Hawaiian and Indian strains -- different, in fact, from any other known virus.

GENERAL MENNINGER ADDRESSES NEW YORK GROUP ON PSYCHIATRY

Even though the public is pessimistic about the recovery rate of mental illness, sixty per cent of Army mental combat casualties were salvaged for duty within 15 miles of the front, Brig. Gen. William C. Menninger, director, Neuropsychiatry Division, Office of the Surgeon General, reported recently in New York.

He discussed the topic, "Lessons From Military Psychiatry for Civilian Psychiatry", in the second Menas S. Gregory lectureship of the New York University College of Medicine on April 27.

And clinical knowledge developed by the Army showed "undoubtedly that psychiatry is only on the doorstep of its potential usefulness", General Menninger declared. He based his statement on that fact that a million American soldiers were admitted to Army hospitals for treatment of mental disorders and personal maladjustments during his past five years in military service.

"Only seven per cent of those cases were of a really serious nature," he pointed out. "Between 75 and 80 per cent were psychoneurotics, while the rest suffered from personality disorders".

"It is an accepted fact that in the ideal civilian practice clinical psychologists and psychiatric social workers should be utilized," he said. "But there are many large civilian clinics and hospitals that do not use them. The Army applied this plan and convinced those of us in charge of their essentiality."

General Menninger urged that a public education campaign similar to those for cancer and tuberculosis be undertaken for psychiatry. "Psychiatry must overcome its self-destructive trends by actively participating in and becoming an intricate part of the daily practice of all medicine," he stated.

UPHOFF, FLANNER CONFER WITH PERSONNEL IN FIELD

New problems in administration of civilian personnel now directly under the Office of The Surgeon General have necessitated extensive field trips for C. Russell Uphoff, director, Civilian Personnel Service, and James E. Flanner, chief, Classification and War Administration Branch.

Within the past month, they visited San Francisco Medical Depot. From there Mr. Flanner continued on to Brooke Army Medical Center, Ft. Sam Houston, Tex., while Mr. Uphoff returned to Washington. Later they met at Louisville Medical Depot, Kentucky, where further conferences were held. Both men were called to Fitzsimons General Hospital, Denver, Colo., recently to discuss further developments.

MAJOR GARRETT DISCUSSES POST-WAR PLANNING

Intelligent and aggressive planning now will avert failure in the unknown future of post-war medicine, Maj. Ross E. Garrett, director, Control Division, Office of The Surgeon General, told his audience in Kansas City, Mo., recently.

He spoke before hundreds of representatives at the Mid-West Hospital Association Meeting on April 25 on the topic, "Have We Planned Our Post-War Work--Can We Work Our Post-War Plans?"

"We must and we can work out post-war plans", Major Garrett declared. "Tomorrow will surely be the day of reckoning when voluntary hospitals and communities will pay the price of failure to correctly evaluate what their separate as well as collective tomorrows will bring!"

Likening the post-war effort of successful planning to a hand, Major Garrett compared different institutions and associations to the fingers. He stated that a hand without control of the fingers cannot be operated at maximum efficiency. And so, the hospitalization program in the United States, without the aid of its component parts, will not operate at full capacity.

"During the past four years I have been privileged to participate in the most stupendous program for hospitalization yet known to man. Eternal pride is justified on the part of all our hospitals, all our hospital people and our great professions... for planning their work and working their plans. Lessons learned during the war can well be applied to post-war planning", Major Garrett declared.

RADAR PULSES APPARENTLY HARMLESS, SURGEON GENERAL'S EXPERIMENTS SHOW

Ten centimeter electro-magnetic waves, such as constitute radar pulses, apparently are harmless.

This has been determined by intensive exposures of guinea pigs to this radiation at the Aero Medical Laboratory at Wright Field. The experiments are described in a report just made to the Office of the Surgeon General by Lieutenant Colonel Richard H. Follis, now of Duke University.

These extremely short radio waves first came into extensive use during the war in military equipment and army and navy personnel necessarily were exposed to them for long periods. Their biological effects were entirely unknown, although there was no reason to suppose that they would be in any way detrimental. Nevertheless disquieting rumors arose and attained considerable circulation that long exposure to the radiation might cause baldness or even sterility.

Presumably the rumors were due to confusion with known effects of x-rays and ultraviolet radiation, both of which are at the other end of the spectrum. There, wave lengths are much less than those of visible light whereas the ten centimeter waves are thousands of times longer, and are called "short" only in comparison with other radio waves.

Since both military and civilian use of ten-centimeter waves may be expected to increase considerably in the next few years it was considered essential to determine the facts.

At the Wright Field laboratory Dr. Follis exposed 13 male guinea pigs to ten centimeter radiation three hours daily for from 51 to 53 days. At the end of this time they were killed and every vital organ studied. Absolutely no deviations from the normal were found. There was no loss of hair, and no evidence of sterility. It also was determined that no x-radiation, which might have been harmful, was mixed with the radio waves.

There is no reason to suppose that human beings would be affected differently from the experimental animals.

Early in the war clinical studies were made of Navy volunteers exposed for long periods to high frequency radio waves, although not in measured amounts such as were used in the guinea pig experiments. No pathological effects were found. Some of the subjects had complained of headaches after several hours of exposure, but these disappeared shortly after exposure was ended.

It would be highly improbable that any electro-magnetic waves, however short, would have any pronounced physiological effects, Air Force doctors say, but for the sake of morale it was essential to discredit the rumors.

STUDIES AT DUKE UNIVERSITY CAST NEW LIGHT ON FILTERABLE VIRUS

The filterable virus, probably man's most deadly enemy, is a highly complex structure.

New light on the nature of the almost infinitesimally minute things which are responsible for some of the most dreaded human and animal diseases has been obtained from studies at Duke University, according to a report just made to the Office of the Surgeon General of the Army under whose direction experimental work was conducted during the war.

The viruses have diameters of only a few millionths of a millimeter. They are far below the limits of the most powerful optical microscope. Through use of the electron microscope and microchemical techniques, however, it was possible for the Duke investigators to obtain considerable information.

They are so minute that there has been some question as to whether they are actual living things, or large molecules somehow endowed with the ability to reproduce themselves.

But, says Dr. Joseph W. Beard who was in charge of the Duke investigations under the Army: "These particles cannot be molecules. They are of very complex structure and apparently are enclosed in a membrane."

The studies were made on two viruses -- one of which causes a disease of rabbits known as papilloma and the other the human malady vaccinia -- and one of the bacteriophages, which are quite similar organizations. These were simpler to study than the influenza viruses which were the ultimate objectives of the Duke investigations. It was felt that any knowledge of viruses in general ultimately might prove of value.

The bacteriophage especially looked like an ultramicroscopic tadpole. It has a well-defined head and a stubby tail. The papilloma virus was spheroidal in shape while the vaccinia organism was like a flattened disk with denser internal material bulging beneath the surface of its "skin".

Other tests showed that these viruses were a little more than half water. The chemical composition of the bacteriophage consisted of a mixture of proteins and lipoids, or basic constituents of fats, in association with a high content of nucleic acids, very complex compounds found in the nuclei of all living cells. The chief element was carbon -- about 42 percent. There also were considerable amounts of nitrogen and phosphorus. The diameter of the papilloma virus was found to be about 65 thousandths of a millimeter.

The work has just been reported through the Army Epidemiological Board.

ARRIVALS, OFFICE OF THE SURGEON GENERAL

LIEUTENANT COLONEL JOHN R. THOMPSON, JR., MC, of MDRP, Tilton General Hospital, Fort Dix, N. J., assigned to Personnel Service, Office of Chief.

COLONEL FRANCIS M. MCKEEVER, MC, formerly Percy Jones General Hospital, Battle Creek, Mich., assigned to Personnel Service, Office of Chief.

COLONEL HARRY G. JOHNSON, MC, formerly 1322d SCU, Company B, 3d Battalion, Separation Center, Fort George G. Meade, Md., assigned to Preventive Medicine Service, Civil Public Health & Nutrition Division.

COLONEL WALTER D. LOVE, DC, formerly MDRP, Lawson General Hospital, Atlanta, Ga., assigned to Dental Division, Dental Service Branch.

LIEUTENANT COLONEL GLENN C. PARMELEE, MAC, formerly Headquarters, United States Forces, European Theater, assigned to Supply Service, Office of Chief.

2D LIEUTENANT MOE BERGMAN, MAC, formerly Borden General Hospital, Chickasha, Okla., assigned to Surgical Consultants Division, Otolaryngology Branch.

CAPTAIN HELEN L. TUCKER, AHC, of Eureka Springs, Ark., formerly Reception Station #7 Fort Sheridan, Ill., assigned to Personnel Service, Military Personnel Division, Army Nurse Branch.

COLONEL CLIFFORD G. BLITCH, MC, of Tallahassee, Fla., formerly 656th Replacement Depot, APO 703, Japan, assigned to Personnel Service, Office of Chief.

COLONEL WALTER L. PERRY, MC, of Pasadena, Calif., formerly Reception Station #4, Fort Bragg, N. C., assigned to Personnel Service, Office of Chief.

MAJOR EDWARD H. VOGEL, JR., MC, of Sinton, Tex., formerly MDRP, Brooke Army Medical Center, Fort Sam Houston, Tex., assigned to Deputy Surgeon General, Army Medical Research & Development Board, Research Division.

CAPTAIN ALBERT A. DUNN, MC, of Scranton, Pa., formerly MDRP, Lawson General Hospital, Atlanta, Ga., assigned to Personnel Service, Military Personnel Division, Classification & Records Branch.

COLONEL FRANK B. BERRY, MC, of New York, N. Y., formerly MDRP, Tilton General Hospital, Fort Dix, N.J., assigned to Surgical Consultants Division.

COLONEL JOHN H. CALDWELL, MC, of Augusta, Ga., formerly Headquarters, Army Forces, Pacific, assigned to Neuropsychiatry Consultants Division.

COLONEL HOMAN E. LEECH, MC, of Washington, D. C., formerly Headquarters, Army Forces, Pacific, assigned to Personnel Service, Military Personnel Division, Classification & Records Branch.

MAJOR DONALD CAMPBELL, MC, of New York, N.Y., formerly 219th Hospital Ship, New York Port of Embarkation, Brooklyn, N.Y., assigned to Operations Service, Deputy Chief for Hospital & Domestic Operations Division, Medical Regulating Unit.

COLONEL THOMAS W. PAGE, MC, of Washington, D. C., formerly MDRP, Tilton General Hospital, Fort Dix, N.J., assigned to Preventive Medicine Service, Civil Public Health & Nutrition Division.

LIEUTENANT COLONEL WAYNE C. BRANDSTADT, MC, formerly MDRP, Tilton General Hospital, Fort Dix, N.J., assigned to Deputy Surgeon General, Editorial Branch.

MAJOR JACK M. EVANS, MC, of Buffalo, N.Y., formerly MDRP, Tilton General Hospital, Fort Dix, N.J., assigned to Personnel Service, Office of Chief.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

MAJOR HARRY M. REXRODE, MAC, of Manassas, Va., formerly Personnel Service, Military Personnel Division, Classification & Records Branch, assigned to Letterman General Hospital, San Francisco, Calif.

1ST LIEUTENANT WILLIAM W. GUY, MAC, of Warsaw, Ind., formerly Personnel Service, Military Personnel Division, Procurement, Separation & Reserve Branch, assigned to Station Hospital, Fort Meyer, Va.

MAJOR GENERAL ROBERT H. MILLS, USA, formerly Dental Division, assigned to Detachment of Patients, Walter Reed General Hospital, Washington, D. C.

CAPTAIN GEORGE C. WRIGHT, MAC, of Springfield, Ill., formerly Supply Service, Distribution Division, Overseas Branch, assigned to Separation Center, Camp Grant, Ill.

CAPTAIN DAVID HARTMAN, MC, of New Rochelle, N.Y., formerly Professional Administrative Service, Physical Standards Division, Induction & Appointments Branch, assigned to Separation Center, Fort Dix, N. J.

COLONEL ASHLEY W. OUGHTERSON, MC, of New Haven, Conn., formerly Personnel Service, Office of Chief, assigned to Separation Center, Fort Devens, Mass.

CAPTAIN HARTWIG KUHLENBECK, MC, of Philadelphia, Pa., formerly Preventive Medicine Service, Medical Intelligence & Health Education Division, assigned to MDRP Tilton General Hospital, Fort Dix, N. J.

CAPTAIN MELBOURNE C. CHANDLER, MAC, of Kansas City, Kansas, formerly Supply Service, Storage & Maintenance Division, Depot Operations Branch, assigned to Separation Center, Camp Chaffee, Ark.

CAPTAIN HAROLD L. BIEDENBENDER, MC, of Hamilton, Ohio, formerly Professional Administrative Service, Physical Standards Division, Induction & Appointments Branch, assigned to Separation Center, Camp Atterbury, Ind.

CAPTAIN STANLEY P. BEDNARCZYK, MAC, of Simpson, Pa., formerly Operations Service, assigned to Brooke Army Medical Center, Ft. Sam Houston, Texas.

1ST LIEUTENANT RICHARD R. RAINNEY, MAC, of Arlington, Va., formerly Control Division, Procedures Branch, assigned to Separation Center, Fort George G. Meade, Md.

CAPTAIN BERNARD D. KARPINOS, MAC, of Bethesda, Md., formerly Professional Administrative Service, Medical Statistics Division, Statistical Analysis Division, assigned to Separation Center, Fort George G. Meade, Md.

MAJOR AARON L. KAMINSKY, MC, of Miami Beach, Fla., formerly Personnel Service, Office of Chief, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

LIEUTENANT COLONEL PEARSON W. BROWN, DC, of Arlington, Va., formerly Historical Division, assigned to Brooke Army Medical Center, Fort Sam Houston, Texas.

1ST LIEUTENANT MADELEN CASSIDY, VAC, of Schenectady, N. Y., formerly Preventive Medicine Service, Civil Public Health & Nutrition Division, assigned to Separation Center, Fort Dix, N. J.

COLONEL DURWARD G. HALL, MC, of Washington, D. C., formerly Personnel Service, Office of Chief, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

LIEUTENANT COLONEL JOHN R. THOMPSON, JR., MC, of Jackson, Tenn., formerly Personnel Service, Office of Chief, assigned to Separation Center, Fort McPherson, Ga.

LIEUTENANT COLONEL LELAND G. MEDER, DC, of Burlington, Vermont, formerly Personnel Service, Office of Chief, assigned to United States Army General Dispensary, Boston, Mass.

1ST LIEUTENANT BRUCE W. KOVALEVSKI, MAC, of Los Angeles, Calif., formerly Personnel Service, Military Personnel Division, Classification & Records Branch.

CAPTAIN LEO E. FITZGIBBONS, JAGD, of Estherville, Iowa, formerly Legal Division, assigned to Separation Center, Fort Leavenworth, Kansas.

LIEUTENANT COLONEL STANLEY J. LELAND, of New York, N. Y., formerly Preventive Medicine Service, Civil Public Health & Nutrition Division, assigned to Separation Center, Fort Dix, N. J.

COLONEL BEVERLEY M. EPES, DC, of Atlanta, Ga., formerly Dental Division, Dental Service Branch, assigned to Headquarters, 4th Service Command, Atlanta, Ga.

MAJOR SAUL JARCHO, MC, of New York, N. Y., formerly Preventive Medicine Service, Medical Intelligence & Health Education Division, assigned to IDRP, Brooke Army Medical Center, Fort Sam Houston, Tex.

MAJOR LEROY J. KLEINSASSER, MC, of New Orleans, La., formerly Surgical Consultants Division, General Surgery Branch, assigned to Separation Center, Camp Shelby, Miss.

CAPTAIN GEORGE A. HIGGINS, JR., MC, of Albuquerque, New Mexico, formerly Personnel Service, Military Personnel Division, Classification & Records Branch, assigned to Separation Center, Fort Bliss, Tex.

COLONEL LEONARD T. PETERSON, MC, formerly Deputy Surgeon General, Army Medical Research & Development Board, Amputation & Prosthesis Unit, assigned to Separation Center, Fort George G. Meade, Md.

CAPTAIN CHARLES S. JULIAND, MAC, of Providence, R.I., formerly Office Service Division, Mail & Records Branch, assigned to Separation Center, Fort Devens, Mass.

LIEUTENANT COLONEL HERMAN C. KRETZSCHMAR, MC, of Brooklyn, N. Y., formerly Professional Administrative Service, Deputy Chief, Professional Inquiries Unit, assigned to Separation Center, Fort Dix, N. J.

1ST LIEUTENANT SAMUEL M. GOODMAN, MAC, of Cincinnati, Ohio, formerly Historical Division, assigned to Separation Center, Camp Atterbury, Ind.

COLONEL ELLIOTT S. A. ROBINSON, MC, formerly Preventive Medicine Service, Office of Chief, assigned to Detachment of Patients, Walter Reed General Hospital, Washington, D. C.

CAPTAIN ALFRED H. LAWRENCE, MAC, of Escanaba, Mich., formerly Fiscal Division, Accounts & Audits Branch, assigned to Separation Center, Fort Sheridan, Ill.

CAPTAIN JACK HOUSER, MAC, of Larado, Tex., formerly Operations Service, Training Division, assigned to Joint Brazil United States Military Commission, Rio de Janeiro, Brazil.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

MAJOR FRANKLIN P. BOECKMAN, MAC, of Minneapolis, Minn., formerly Operations Service, Hospital Division, Administrative Branch, assigned to Separation Center, Camp McCoy, Wis.

CAPTAIN EDWARD M. CECCOLINI, MC, of Tarrytown, N. Y., formerly Professional Administrative Service, Physical Standards Division, Disposition & Retirement Branch, assigned to Separation Center, Fort Dix, N.J.

CAPTAIN ALICE R. CLARKE, ANC, of Dorchester, Mass., formerly Professional Administrative Service, Nursing Division, assigned to Separation Center, Fort Devens, Mass.

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

1st Lieutenant to Captain

MAURICE L. STERN, MC, of New York, N.Y. Professional Administrative Service, Physical Standards Division, Disposition & Retirement Branch.

Captain to Major

ELMER C. RIGBY, MC, of Idaho Falls, Idaho, Personnel Service, Military Personnel Division, Classification & Records Branch.

REGINALD R. QUARTON, MAC, of Detroit, Mich., Supply Service, Office of Chief, Reports & Records Branch.

FRANKLIN P. BOECKMAN, MAC, of Minneapolis, Minn., Operations Service, Hospital Division, Administrative Branch.

Major to Lieutenant Colonel

HERMAN C. KRETZSCHMAR, MC, of Brooklyn, N. Y., Professional Administrative Service, Deputy Chief, Professional Inquiries Unit.

REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

COLONEL HOWARD W. DOAN, MC, transferred from Personnel Service, Military Personnel Division, Office of Director to Executive Office.